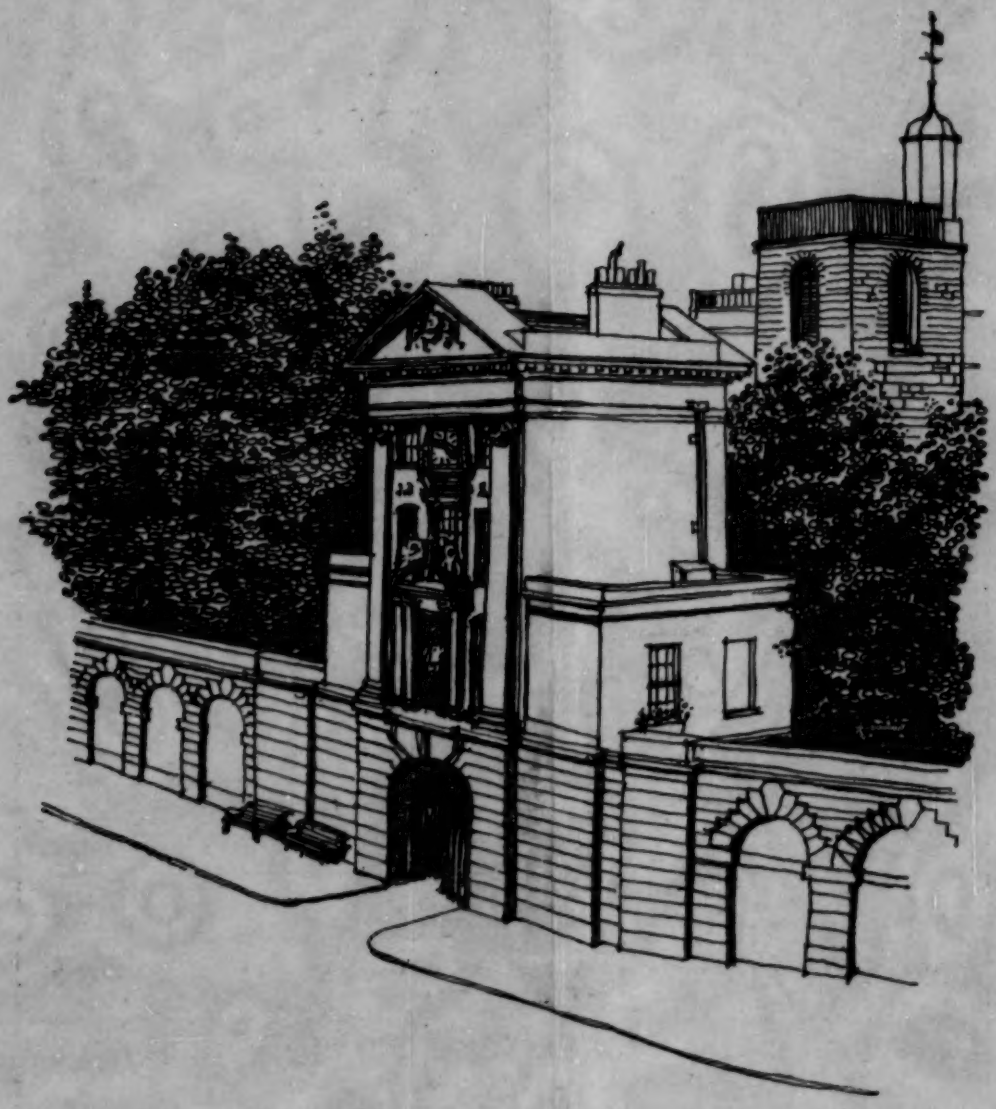
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVIII NOVEMBER 1954 No 11

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor: ALAN G. SNART.
Assistant Editor: ALAN SALSBURY
Women's Representative: MISS N. COLTART.

Manager: DAVID FAIRBAIRN.
Assistant: DOUGLAS CHAMBERLAIN.
Charterhouse Representative: PHILIP NORRIS.

November 1954

CONTENTS

"Must it be the hospital again, Doctor?"

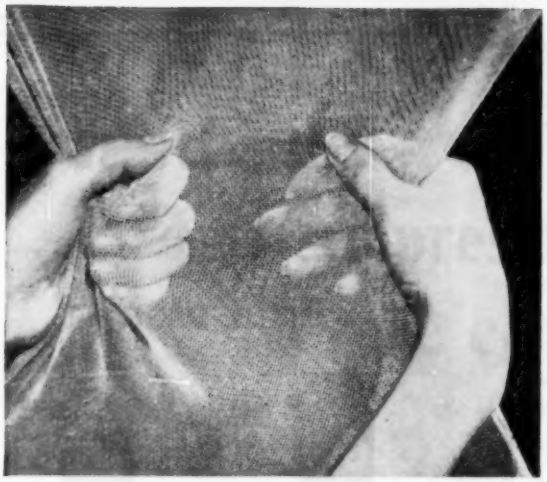
In the more distressing case of gastric or duodenal ulcer, with a history of relapses, a course of Roter tablets may obviate the need for radical measures.

Roter therapy does not normally require a monotonous dietary routine, nor does it usually call for restricted activity on the patient's part. Many cases of seemingly intractable peptic ulcer respond successfully to this treatment. Freedom from pain, with accelerated healing, is commonly experienced.

★ *Literature and a full trial supply are available on request.*

ROTER IN PEPTIC ULCER

F.A.I.R. LABORATORIES LIMITED
179 HEATH ROAD, TWICKENHAM, MIDDLESEX
Telephone : POPesgrove 2028



Lastonet stockings always fit perfectly

Lastonet surgical stockings are always made to the patient's measurements to ensure a perfect fit. The light-weight net is self-ventilating and stretches in all directions to afford even support over the whole affected area of the limb. Each stocking is guaranteed for six months.

* *Can be prescribed under the National Health Scheme. Measurement forms, full details and particulars of medical opinion will be sent on request.*

LASTONET PRODUCTS LTD., CARN BREA, REDRUTH, CORNWALL

Lastonet

ELASTIC NET STOCKING

Always made to measure

℗10

Ethicon Mersutures meet all current surgical techniques. **Sutures** guaranteed for extra tensile strength and consistent gauging. Available with catgut, silk, silkworm gut **Needles** are always sharp, retain their shape. Improved flattened area ensures better grip for needle-holder. Full range available.

FOR MINIMAL TISSUE TRAUMA...

ETHICON EYELESS-NEEDLED **MERSUTURES** REGD.

TESTED AND GUARANTEED ATTACHMENT

illustrated catalogue available on request

MANUFACTURED AND GUARANTEED BY ETHICON SUTURE LABORATORIES LIMITED BANKHEAD AVENUE SIGHTHILL EDINBURGH

For suppression of severe cough...

'Physeptone' depresses the cough reflex in a manner comparable with that of diamorphine. It may therefore be prescribed with advantage for those cases of persistent cough which would normally be given diamorphine.

For this purpose, 'Physeptone' Linctus is issued containing 2 mgm. of Methadone (Amidone) Hydrochloride in each fluid drachm. The average adult dose is one teaspoonful (2 mgm.) every three or four hours, and this will control nearly every cough.

For children 'Physeptone' Linctus should be diluted with simple syrup in the proportion of one part linctus and seven parts syrup. One to two teaspoonfuls (0·25 - 0·5 mgm.) of this *diluted* linctus to be given according to the age of the child.

'PHYSEPTONE' LINCTUS

BRAND

BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON

du MAURIER
the filter tip cigarette

CORK TIP IN THE RED BOX • PLAIN TIP (MEDIUM) IN THE BLUE BOX

Each ounce contains: 1420 *i.u. of Vitamin A,* 710, *i.u. of Vitamin D,* 0.35 *mg. of Vitamin* B_1, 0.2 *mg. of Vitamin* B_2 *(Riboflavin),* 2.8 *mg. of Niacin (P.P. Vitamin) and* 3.3 *mg. of Iron in a readily assimilable form.*

AGAINST MALNUTRITION

VIMALTOL', a delicious, nourishing vitamin preparation, has achieved wide popularity as a supplementary food item against malnutrition in infants, children and adults. It can be used with advantage whenever nutritional levels are unsatisfactory. It can also be usefully employed when vitamin intake is insufficient, for example, due to distaste for natural vitamin-bearing fruits and other foods.

'Vimaltol' is a quality product from the 'Ovaltine' Research Laboratories. Its balanced formula, which includes special malt extract, high vitamin potency yeast, halibut liver oil and iron, has been developed in the light of recent findings of dietetic science. 'Vimaltol' actively assists in growth and development and helps to raise resistance against the onset of infection.

For these reasons, it is widely prescribed for the young because of their higher metabolic requirements. It is highly palatable, readily assimilable and quickly available.

VIMALTOL

For Infants, Children and Adults

Clinical samples on physicians' request to the Medical Department,
A. WANDER LTD., 42 Upper Grosvenor Street, Grosvenor Square, London W.1.

A Product of the 'Ovaltine' Research Laboratories M.377

Natural sleep – the best ally

REPARATIVE PROCESSES are most active during the hours of sleep. When patients need natural, recuperative sleep, and when narcotics are contra-indicated, 'Ovaltine' may be safely recommended for this reason: it provides palatable, concentrated nourishment in a form which is easily absorbed without disturbing the patient's tranquillity.

'Ovaltine' contains only the best of natural foods — malt, milk, cocoa, soya and eggs — plus added vitamins in standardized quantities. It is therefore useful in the dietary management of those diseases which are complicated by insomnia. It engenders a warm, soothing feeling which helps to create the conditions most favourable to the best kind of sleep. 'Ovaltine' can be recommended with confidence.

OVALTINE

Vitamin Standardization per oz. — Vitamin B_1, *0.3 mg.; Vitamin D, 350 i.u.; Niacin, 2 mg.*

M.382

A. WANDER LIMITED, 42 UPPER GROSVENOR STREET, GROSVENOR SQUARE, LONDON W.1.

If you are a trained nurse, dedicate your service to the soldiers of the Queen. In return you will know adventure, travel, and the prestige of a commission. There is unlimited scope in Q.A.R.A.N.C. for advancement in many spheres in the profession, as well as to higher rank in the corps itself. Your service may take you to Singapore, Malaya, Hong Kong, Japan, Africa, Gibraltar, Bermuda, Malta, Jamaica, Germany, Austria, or on troopships. Write to the address below for full details of the opportunities that await you.

in every corner of the world . . .

in QARANC

QUEEN ALEXANDRA'S ROYAL ARMY NURSING CORPS

MATRON-IN-CHIEF, WAR OFFICE
(AMD4/A32), LONDON, W.1.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVIII. NOVEMBER 1954 No. 11

PLENTY OF MUGS

The heading is not original. It has been overheard in the " local " many a time and it is the barmaid to whom credit must go for its conception. The observation is often made to those ordering their " wallop ", but presumably the mugs in question are of the utilitarian type only.

As anyone will agree there are mugs and " mugs ", and there are as many of one as there are of the other even in this age of enlightenment and high living standards. How a person becomes a mug and where the boundary between normality and muggishness lies has never been clearly elucidated, and probably never will be. It is even more difficult to see how the word " mug " came into the English vocabulary as it has done. More than a century ago J. H. Reynolds wrote " Open thy mug, my Dear, and . . .", and the dictionary dates its use as " a face " from 1708. Less than a century ago it came to mean a dupe or a fool. One famous circus clown is stated to have said that a mug is born every moment ; he then proceeded to make his fortune on the basis of this statement. To " mug " for an examination is a common term and derives from the word mug being used to denote a " mouth ", something into which one can pour anything ! viz. knowledge ! Could it be that the originator of this thought had a patent Rathke's pouch ? Again the dictionary tells us that a mug is also a type of sheep with wool hanging down over its face. Anyone who pulls wool of a sheep's eyes is a mug !

Other possibilities as to the origin of " mug " in our daily usage is that it is either a corruption of Muggins, Mugwump or Muggleton. Muggins is the exclamation of victory in certain card games, as " check " is in chess. Mugwump is a word from American politics meaning an independent voter and later a snob. It was taken from a word in the Indian dialect meaning " great man ". Ludovic Muggleton was a misdirected divine who with a friend asserted himself as one of the " witnesses " of Revelations XI, with the right to curse all who opposed him. Surely a mug if ever there was one.

The mug of today is a person much to be pitied. He is the victim of a well-meaning but often unrealistic bureaucracy. He does what he is told even if he dislikes his orders, because it is too much trouble to complain. It is the mug who listens to and believes all that is said, without entering upon the subject with an enquiring mind. Passive obedience would seem to be his watchword rather than active pursuit.

It is indeed, then, refreshing to hear some of the dogmata of our own profession queried. Discovery and progress is only made by the searching mind. Only too many examples of these are to be seen in the history of medicine. The theories of Galen were for so long accepted without demur, and attempts and factual confirmation were nil, or negated by bigotry. The key to success in modern research we are told is to read all previous relative material, believe none of it till it has been proven again personally, and then to reconsider it in the light of new findings.

It is therefore, beneficial for every student to approach his work with an open and enquiring mind if he wishes to learn, rather than memorise, from his course at university. A society of thinkers is surely preferable to one of swots and mugs.

Generously Given

The *Journal* recently received a cheque for fifty pounds from Dr. W. P. Gibson of Ealing. For this gift and the thought behind it, the Committee wish to express their thanks. It was an action entirely unexpected and presumably emanates from Dr. Gibson's appreciation of the *Journal* over the last few years in which the Committee has worked hard to maintain a high standard.

Dinner for Editors

It has been suggested recently that a dinner be held for ex-Editors of the *Journal* some time in the New Year. This is the first time that anything like this has been suggested and it is not certain what the response would be like. Celebrated contributors would be invited as guests and an enjoyable evening is envisaged. No notice has yet been sent out about this, nor has a time or place been fixed, but it might, as a preliminary, be useful to know how many ex-Editors would be willing or able to attend.

Male Voice Choir

Whilst the music club seems to have been in abeyance for some while, its activities seem to have been reincarnated in the Male Voice Choir, which has already had several practice evenings. The idea has been to encourage all those who enjoy singing and who possess a voice at all choral—but essentially male—to combine in the Music Room on a Thursday evening and sing certain selected pieces. Already the choir has rehearsed some Christmas Carols which it is intended to be sung in the Hospital Chapel before the end of term, and it is also hoped that in the not too distant future some midday concerts might be held.

Holly and Candles

This is the title of the campaign this Christmas organised by the National Association for the Prevention of Tuberculosis, and the "Christmas Seals" this year depict the holly and the candles. It is hoped to sell another hundred million seals and also a large number of Christmas cards specially produced for the Association.

The work of the N.A.P.T.—an entirely independent body—is largely financed by the Christmas Seal sale. The seals are bright blue, green and gold and a gay decoration for letters and parcels. The cost is only a halfpenny each (four shillings for a sheet of 100). There are two varieties of Christmas card on sale, one at eight shillings per dozen in colour to match the seals, and the other at four shillings per dozen in black and white with a design of coach and horses. Seals and cards are obtainable from:—

The Duchess of Portland,
Chairman N.A.P.T.,
Tavistock House North,
Tavistock Square,
*London, W.C.*1.

The idea of Christmas Seals is fifty years old this year. It was started by Einar Holball, a Danish postmaster; the scheme rapidly spread throughout the world and has helped to raise large sums of money to wage the battle against Tuberculosis.

Fair Way

The trek from the Hospital to Charterhouse Square or vice versa is often made. There are several routes which one can take on the journey. One involves passing by Cloth Fair, a name which has always fascinated and of which the name has been obscure to many a passer-by. The name derives from the position it held as the original cloth fair which was an important part of the Bartholomew Fair. Here the clothiers of England and the drapers of London had their standings, giving the fair an atmosphere that must have been the mediaeval equivalent of the motor show at Earls Court in recent years. The site was built on at the end of the sixteenth century but the name remained.

Wife for Sale!

The happenings at Smithfield are a constant source of interest, and a paragraph

from "The Observer" of September 23rd, 1804, republished recently provided amusement. It read: "A few days ago a journeyman baker sold his wife in Smithfield Market to his master for three guineas and a crown. The woman was in the last stage of pregnancy." We are told no more, and are left to decide firstly the reasons for the sale and secondly those for the purchase.

Journal Appointment

Owing to illness R. I. D. Simpson has resigned from the post of Assistant Editor. In his place Alan Salsbury has been elected. Our best regards go to Mr. Simpson and we hope to see him back on the *Journal* Staff at a later date.

Cuanta la Gusta

TOOBY, David John. The Brazilian Embassy in London, acting for the Brazilian Government, and the British Council on behalf of the British Government, have selected Mr. David John Tooby, aged 19, a student at St. Bartholomew's Hospital Medical School, for an award by the Brazilian Government of a three-weeks visit to Brazil. He left London by air on September 1st for Rio de Janeiro.

Marriages

EVANS—HIRST. On September 18th, Dr. John W. G. Evans to Sheila Hirst.

MILLARD—FLENLEY. On September 11th, Dr. John Leslie Millard to Dr. Margaret Kathleen Flenley.

THOMPSON—MAIR. On September 10th, Dr. Brian E. L. Thompson to Dr. Helen M. Mair.

Births

MCAFEE. On September 17th to Joan, wife of Dr. L. A. McAfee, a daughter.

THORNE. On September 21st, to Pamela, wife of Dr. Napier A. Thorne, a daughter.

Deaths

ELLISON, Henry Hubert Lacey, on August 21st. Qualified 1915.

GILMOUR, Richard Withers, on August 29th, aged 84. Qualified 1895.

HOBBS, Geoffrey Charlstrom, on September 22nd. Qualified 1899.

JANES, Leonard Robert, on September 21st, aged 51. Qualified 1927.

NORMAN, Newman Frederick, on August 28th. Qualified 1915.

Change of Address

MRS. LORE DEWS, B.M., B.CH.,
to 19, Southmoor Road,
Oxford.

and

DR. M. R. HUNT,
to 81, Kings Road,
Westcliff-on-Sea,
Essex.

and

DR. G. E. FRENCH,
to 252, Reynold Street,
Oakville,
Ontario,
Canada.

NOTES ON ARTERIAL GRAFTS AND PROSTHESES

by J. B. KINMONTH.

The history of arterial grafting started with the work of Alexis Carrel almost fifty years ago. He showed that the cut ends of arteries could be successfully sewn together or grafts interpolated. He gained a Nobel Prize for his work but it fell into disuse for two reasons. The operations took a long time and so increased the risk of sepsis which was a particularly dangerous complication. Also the conditions of the first World War which followed were very unsuitable for such work. It was not until after World War II that interest was revived by the work of Robert Gross in the Children's Hospital at Boston. Gross operated for congenital coarctation of the aorta and often found difficulty in bringing the ends of the aorta together after the stricture had been cut out. He used portions of aorta taken from cadavers to bridge the gap. Many of the children he treated are alive and well now, some six or seven years later.

Gross's work revived interest in centres of surgical research on both sides of the Atlantic, in grafting and particularly in storing arteries. A " bank " using his method of storage was started at St. Thomas's Hospital in 1949. The Korean War was an additional stimulus and arterial repair was carried out there on a large scale for the first time under military conditions.

The Indications

It might be wondered whether the need often arises for operations to repair arteries but in practice many such occasions do arise. Injury is the most frequent. The trauma is usually caused by a penetrating injury and is therefore commoner, at least in England, in war than in peace. If the vessel is cleanly severed it may be repaired by simple end to end anastomosis, but if damaged over a greater extent something more must be done. That this type of surgery can be applied on a large scale is shown by comparing the results in World War II with those in the Korean War. In the former injuries to major arteries such as the femoral or popliteal were treated by ligation which led to gangrene and amputation in 70 per cent. of cases. In Korea successful results were reported by some surgeons in 90 per cent. of cases. The reasons were : (1) Early evacuation of wounded by helicopter. (2) The availability of blood transfusion in unlimited amounts. (3) Training of surgeons in the technique of vascular anastomosis. Centres were set up where the military surgeons were given short courses in the technique of vascular anastomosis using the vessels of dogs. (4) The organisation of " banks " where human cadaver arteries were stored.

Degenerative arterial disease is perhaps the main civilian indication for arterial repair. Certain cases of arteriosclerosis where atheroma of the endothelial lining has caused segmental thrombosis of the vessel and occasional cases of Buergers disease are suitable. The chief obstacle is the generalised nature of the disease. Patients in whom it is widespread or advanced are unsuitable for grafting because further clotting is likely to occur in coronary, cerebral, or limb vessels. On the other hand patients with trivial symptoms are unsuitable, for example the type of patient who complains only of claudication at a quarter or half mile, although as a city dweller he may rarely walk that distance at a stretch.

The best subject is one with severe symptoms due to relatively localised disease. This usually means, where limb vessels are concerned, a long block causing severe claudication and impending gangrene.

Aneurysm is another indication for grafting or reconstruction and here the decision to operate is often difficult because the patient's general condition may be bad. Only if there is severe pain or a risk of early death due to the aneurysm should operation be undertaken.

Malignant disease involving a large artery provides another indication for reconstruction. Growths with marked local malignancy such as recurrent fibrosarcoma are more amenable to this form of treatment than those where the tendency to distant metastases is marked. In the latter case local invasion sufficient to involve a large artery is usually accompanied by incurable distant secondary deposition.

Different Methods

Arteries may be reconstructed or repaired in a variety of ways and using different vessels or materials. This has led unavoidably to the introduction of certain essential technical terms which will now be defined and their indications or drawbacks considered.

(1) **Autografts.** Also known as " autologous " grafts. (Greek autos = self.) This term is used when a vessel taken from another part of the patient's own body is used for the repair. The graft may be an artery or a vein but naturally the patient cannot spare an artery of any size for the repair or he will experience ischaemic symptoms in the site from which it has ben removed. Nor can he spare any really large veins which would any way be unsuitable for repairing large calibre arteries, owing to their tendency to dilate. In practice the great saphenous vein is the only really useful one and it must be used to repair an artery of similar size. One of the most gratifying results amongst the cases treated by the Bart's Surgical Unit was obtained in this way. The patient was a young man who sustained a penetrating injury behind the knee when watching an aircraft which disintegrated at speed during the Farnborough air display two years ago. He received first-aid and the small wound quickly healed. It soon became evident however, that the popliteal artery had been thrombosed for the patient found that he could only walk thirty yards before pain occurred in the calf. Exploration confirmed this and the damaged portion was replaced by a length of his own great saphenous vein. This matched it very well in size and a perfect functional result was obtained.

The autograft is theoretically the most desirable of grafts for the amount of tissue in intima and media surviving alive and unreplaced is higher than in any other form of graft.

(2) **Homografts.** These are also sometimes known as " Homologous " grafts and consist of vessels transferred from other animals of the same species as the host. (Greek homos = the same.) Arteries or veins could be used and are equally easily obtained but veins being weaker and less suitable in many ways are not used.

The arteries destined for use as homografts are removed soon after death from the body of the donor under sterile precautions. They are prepared for use by excising redundant tissue and ligating all small branches. They are then preserved in an artery " bank." The method most commonly used is that of Hufnagel and Eastcott in which the vessels are rapidly cooled to -70°C. with a freezing mixture of carbon dioxide snow and alcohol and then stored at that temperature in tubes packed around with CO_2 snow in an ordinary " deep-freeze." It seems that this method, although killing the cells, prevents chemical or physical changes in the tissues. It is claimed that the grafts can be kept indefinitely in this way and support is lent to the claim by the reports of explorers who have eaten the meat of extinct mammoths discovered preserved for centuries under the arctic ice and pronounced it delicious.

In Gross's original method the grafts were kept in tissue culture so that their cells were stil alive at periods up to six weeks when grafted. Experience has shown that this is unnecessary and adds greatly to the practical difficulties. It seems that viability of the cells in homografts is unimportant for the graft is almost entirely replaced by the host. Only some of the elastic fibres of the media survive unchanged. The important thing is that no violent reaction between host and graft should take place and that it should continue to function while the replacement of cells slowly takes place.

Arterial homografts are at present the standard material for reconstruction and the results yielded are good. There are, however, practical disadvantages connected with their use. They must be taken soon after death from the cadavers of young and healthy people. Permission must be obtained from relatives and is not always forthcoming. The victims of violent or accidental death are highly suitable but the legal difficulties in obtaining access to these are great. The difficulties connected with human homografts, some natural, others man-made, have stimulated further work to find simpler methods.

(3) **Heterografts,** also known as " Heterologous " grafts, from the Greek—heteros = different—are vessels obtained from animals of different species to the host. When used fresh they are rapidly rejected by the host and fail almost universally. If treated or preserved in various ways they can be made to take and indeed Carrel reported some success with them. Opinion about the long term results is conflicting and there are reports that they ultimately dilate

to form aneurysms. However, this is not unknown with homografts also, and a final verdict is awaited.

These grafts from animals are of course much more easily obtained than homografts from man but are less suitable for use where several large branches are involved. It is sometimes necessary to replace the terminal aorta with the iliacs, or perhaps part of the aortic arch and its carotid or subclavian branches. Naturally it is easier to obtain a good match for these with a human graft rather than one from an animal where the anatomy may be very different.

(4) **Disobliteration,** also known as " desobstruction " and " thromboendarterectomy," is a method used for treating obliterative arterial disease in which the vessel is opened longitudinally and the hard adherent clot removed by blunt dissection along a plane of cleavage in the media. A surprisingly smooth surface is left and under favourable circumstances may ultimately become endotheliazed. This method was pursued with enthusiasm in continental centres but the long term results particularly in the vessels of the limbs have been disappointing. It is, however, of occasional use where there is a small obstruction in a large vessel such as the common iliac. The rapid bloodstream and large lumen help to avoid further thrombosis.

(5) **Arterial Prostheses.** The work done in the last few years on arterial grafting has gradually shown that the vessels inserted whatever their source or nature are but a scaffold on which the host builds a new conduit. The question has naturally arisen as to whether something simpler than a real vessel could not be used as a scaffold. It would need to be something inert but strong and pliable. Something that would give rise to no foreign body reaction and cause no more than a very little clotting. Tuffier's glass tubes were used in World War I but failed through excessive clotting on the surface of the glass or through necrosis under the constricting ligatures fixing them to the host vessels. A rigid prosthesis has, however, lately been used with success by Hufnagel, in patients with aortic valvular incompetence. This is a ball-valve made of the inert plastic material methyl methacrylate. It is highly polished inside to prevent coagulation and the problem of necrosis under the fixing sutures has been overcome by using a principle of " multiple point " fixation. There is little bending of the thoracic aorta and so pliability, at least over a short distance, is unnecessary. Solid rigid protheses are not, of course, replaced by the host's tissues and they are unsuitable for use in other parts of the body where pliability is necessary and larger stretches of vessel need replacement.

The use of cloth tubes is now under intensive development and shows the greatest promise for the future. Blakemore and his associates in New York were the first to use it and they showed that a woven plastic material known as " Vinyon-N," could be used to replace stretches of aorta in dogs. Shumacker has recently reported promising results using a more complicated tube made of two layers of " Nylon " with a very thin layer of polythene sandwiched between them. At Bart's a material known as " Orlon " has been used. It is an acrylic compound marketed for use as shirt material. Unlike most samples of " Nylon " which we examined, the weave of " Orlon " is sufficiently fine to prevent more than a little initial seepage of blood through the walls and this soon ceases as the interstices become sealed by fibrin. Tubes of any length, diameter and shape with the necessary branches can be prepared by sewing the seams with an ordinary sewing machine using nylon thread. The tubes are sewn on to the patient's arteries by the usual method of arterial suture with fine silk on an atraumatic needle.

The sequence of events following the insertion of the prosthesis seems to be that a fine layer of fibrin is laid down on the surface of the cloth. The internal surface is gradually endothelialized and the outer part surrounded and supported by fibrous tissue. The cloth persists as an immensely strong media. The prothesis seems to do all that a homograft will do and is of course immensely more simple to procure and prepare. The method holds very great promise for the future.

BARTS AND BOATS (PT. II. 1940—)

by C. N. HUDSON.

Part I of the Odyssey of the Bart's Boat Club with the club in a veritable Ogygia during the latter years of the nineteen thirties. It remained for the war to secure release from Calypso's arms, which it did when it caused the Preclinicals to be evacuated to Cambridge. Most people at Cambridge, except scientists who just work, row at some time during their career, even if only in a Rugger Boat. It did not take long for this atmosphere to infect Bart's. Under the tutelage of Dr. B. W. Town and G. W. Rowland Bart's men took the water again, this time from Banham's Yard. They were not exactly in the class of the Phaeacians and what they lacked in skill and magic they made up in enthusiasm. Other evacuated Colleges did likewise and the C.U.B.C. allowed them, together with the "Rob-nines" (a composite Town Club) and the R.A.F., to compete in the Inter College Bumps. The first of these occurred in the Lent term 1940. The Bart's eight started low but registered two bumps in three nights, over London School of Economics and Christ's, the row over on the middle night being due to chaos in "the Gut." This was in spite of the fact that one man went sick and the coach A. J. Eley had to substitute for him in the races. For the next term Bart's had three eights but unfortunately the University went down prematurely and there were no races.

The 1940-41 academic year started with a Time Race in which Bart's were placed 32nd taking nearly a minute and a half longer than the leaders. The Lents came round again and Bart's rowed over each night; they should have bumped on the last night but the bow-side blades were still on the bank when the starting gun went, and the boat ahead just got its bump in time to avoid being caught. This year, however, there were some Mays, called June Races for the duration. Bart's were placed 28th and started by bumping Pembroke III. Next night, however, they rowed over and were then returned to 28th by "Rob-nines." In the following year they dropped one place.

In early 1943, an amusing grumble in the *Journal* betrays the fact that a Poseidon, in the form of bad steering, was still dogging the fortunes of the Club. For civic pride as much as anything, was hurt by a fine of one guinea imposed by the C.U.B.C. after Bart's had been involved in a near head-on collision with a Blue Boat. That year the first eight went down both in Lents and in the June Races; in the latter every night. The second eight also went down in the Lents, but, appearing for the first time in the June Races,

" won its oars " by going up each night. This was too much for it, for next year it went off the river again and the first eight rowed over. Again, in the 1945 Lents the 1st VIII rowed over each night. But the 2nd VIII made a bump. Moreover, Bart's had been the highest evacuated College in the Time Race. In their last June Races in 1945, Bart's started and finished 33rd, bumping Trinity Hall III on the first night, rowing over and then succumbing to their hosts Queens' II. The 2nd VIII made one bump. There was however an U.H. Regatta in London that year and the crew from Cambridge raced, and lost in the final by ½ length.

Bart's last appearance in Bumping Races was in the 1945 Lents, extended again to four nights. Both crews were on the receiving end each night, Queens' II again providing the parting gesture. Regrettably, perhaps, the bumping tradition has not died out and keeps on rearing its ugly head in untoward places even now.

April, 1946, saw the Club reunited in London, Mr. O. S. Tubbs being President in succession to Sir Girling Ball. There were two crews in the Hospitals Regatta that year but neither was successful. 1947 saw no better fortune. The Regatta was rowed in bad conditions, one crew sank and Bart's became so waterlogged that they had to withdraw. However, for the first time, or so it seems, Bart's took part in open competitive rowing, albeit in Junior events, including Marlow, where they were somewhat outclassed.

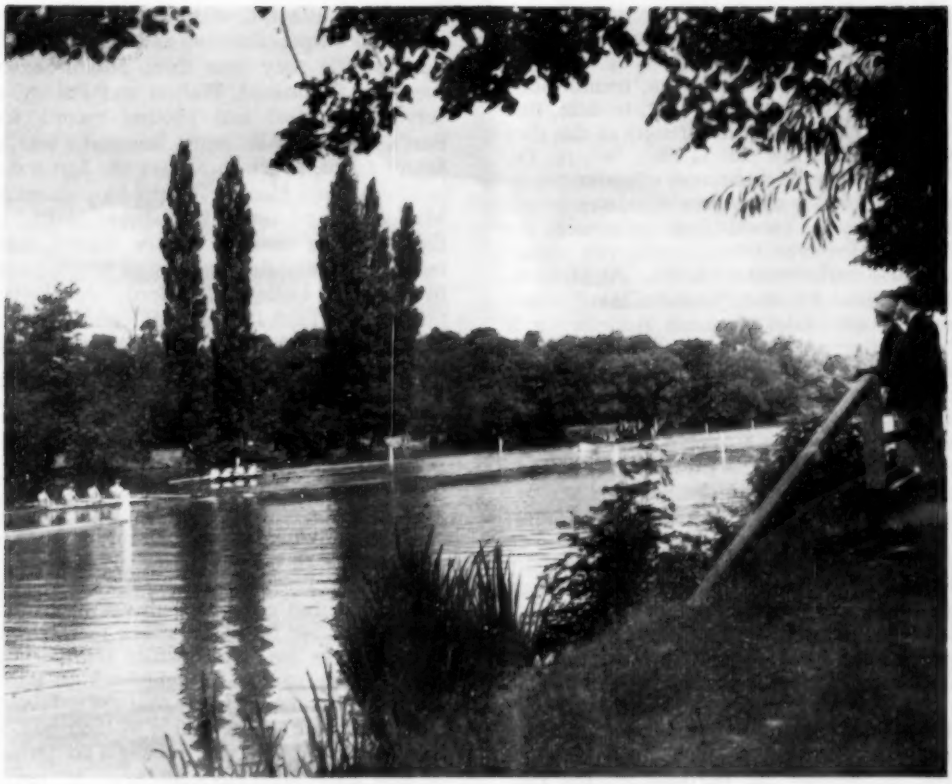
Nineteen-forty-eight was, therefore, the real start of post-war progress. J. C. M. Currie became Captain and started a remarkable career with the Club. For the U.H. Regatta the eight trained at Kingston, and with Currie at stroke and D. C. H. Garrod at seven the Hospitals Cup was once again won for Bart's by a comfortable 3 lengths. In addition, however, Currie stroked a four which lost the final by ½ length, and, with Garrod won the Senior pairs for the first time. What is more D. C. H. Garrod also won the Senior Sculls for the first and only time, giving him three Senior wins in one day. To this may be added victories for the Junior Eights and Sculls. After this it was hoped to raise a Senior Eight to race in the Summer, but the time for that was apparently not yet. The Junior Sculls was won by G. Chorley who had been meant to cox the 1st VIII, but, following the adventures of " Percy," he had been " unavoidably detained " and only released in the afternon.

In 1949 a similar crew defended the Cup, but other, stronger challengers had appeared and the only Cup retained was the Pairs by Currie and Garrod. However, junior crews continued to race during the Summer and in the Junior Eights at Marlow did a little better than previously.

Perhaps the 1949 crew thought things had been too easy the year before. At all events, R. G. D. Newill in 1950 made no mistake. For the second time only, Bart's achieved the " Senior Double " of Eights and Fours. J. C. M. Currie and, this time, J. W. B. Palmer were the stern pair in both crews, with G. S. Barnwell the previous Captain, and G. F. B. Birdwood making up the four. In addition Junior Eights were won and G. H. d'A Power dead heated in the final of the Junior Sculls.

The following Summer saw the beginnings of serious outside competitive rowing. A senior crew raced in Cambridge, in the London University Championships (Allom Cup) and in an International Regatta at Copenhagen. The latter seems to have been a very successful trip, in spite of a somewhat unfavourable " Press." Junior crews raced in various Regattas including Marlow, where the semi final of the Junior Eights was reached, and finally a Junior Four won the Dean Cup at Kingston, making the first win in an outside Regatta for Bart's for a century. The last event was the Festival Regatta on the Serpentine, but the Bart's Cox, in the best tradition, got his rudder lines crossed with the inevitable results.

If 1950-51 was a vintage year in inter-hospital rowing, it was on the other hand only a year of feeling the ground in the harder world of outside rowing, and demonstrated that there is no short cut to success there. It was left to G. F. B. Birdwood in 1951-52 to lead the way in this direction. But first there was the U.H. Regatta. Currie rowing stroke for the fourth year and, now on the House, pulled it off for the third time against extremely redoubtable opposition from St. Thomas'. No small part in the success was played by " Ham " Ward of T.R.C. the coach, and R. J. Blow, the cox. In sharp contrast with the years before the war, Blow was the only member of the Club to have



[*Daily Graphic*]

The Bart's IV beating First and Third Trinity, Cambridge, in their heat in the Wyfold Cup at Henley.

made a name for himself in University Rowing circles before he came to Bart's. Whereas then the fortunes of the Club depended largely upon the presence of oarsmen from the University, now these are proportionately fewer, and recently oarsmen who have learnt all their rowing at Bart's have been rowing in the first eight.

To return, however, to 1951-52, the Senior Fours were lost and Junior Eights and Fours retained. In the Summer a Junior success was a win of the Junior Allom Pennant and a crew again went to Marlow. This year, however, a Senior Four was formed, and, after teething troubles in various Regattas, some not unconnected with steering, the order was settled and the crew went to Henley to train, omitting Marlow. "Stiffy" Payne, the coach, produced a fast four which won a preliminary heat and the first round before catching a "crab" in the popply water prevailing, when leading in their next heat. This was a very creditable effort, achieved as a result of much hard work, in contrast to previous years. It marked the entry of Bart's into first class rowing.

By next year, the other hospitals had learnt their lesson, and perhaps Bart's forgot it, for all the Cups disappeared in one fell swoop, after a Regatta remarkable for the general high level of rowing. By way of consolation Bart's won the Senior Division of the University Winter Eights for the first time.

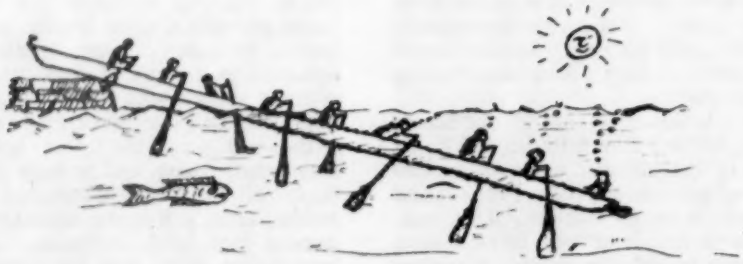
In the Summer of 1953, various Junior crews raced, with, latterly, some success, and after some mishaps, a light four raced in Junior-Senior events and won, comfortably, at Walton, this being the best, to date, that Bart's had won. On the strength of this they went via Marlow to Henley, where Dr. " Joe " Bailey did some very effective coaching. At Henley they were dismissed in the first heat by the record-breaking winners, the R.A.F. However, subsequently, two important landmarks were achieved. At Molesey, they entered for the "Grand Class " event, and, drawn against London R.C. Stewards Four, after a very good race finished just half a length down. In the Wyfold Class, the steersman wrecked two attempts, but at the Metropolitan Regatta, Bart's first, and, so far, only, win in a open Senior Event put the Horton Cup in the Library.

St. Thomas', meantime, had gone one better and had had an eight in the Thames Cup at Henley. In the 1953 Hospitals Regatta they still proved just too good for Bart's. Bart's, however, won the Senior Fours and Junior Eights, Fours, and Sculls. Following this, the steering bogey made its appearance again and the final of the Winter Eights was lost after an "ectopic bump."

The latest stage was the Summer of 1954. In this more advances were made. Various junior crews raced, but it was left to a light four to provide the victories for the year. Their first attempt, with fatal inevitability, ended in disqualification, and staving it off subsequently they won three Junior-Senior events at Richmond, Walton and Putney, a very good effort and another record for Bart's. The main item, however, was a Senior Eight, which raced, for the first time, at Marlow and Henley. Bart's have raced at Marlow several times, but always in Junior Eights. This time, in Senior Eights, they reached the semi-final being well beaten there by the Head College of Oxford. At Henley there was a light four as well, which won a preliminary round and the first heat of the Wyfolds. In the Thames Cup, after " Joe " Bailey's coaching again, there was a very good race against St. Catherine's, Cambridge. Should anyone wonder if Bart's had ventured into the Thames Cup before they had a crew worthy of it, perhaps the best answer lies in the fact that the time of their race was only beaten in the event by the winning American crew.

With that one may almost say that Ithaca is in sight, but one must always remember that each year there are about forty strong suitors to be overcome before this particular Penelope can be brought back to Bart's Library. It remains to see that the unfavourable winds are securely kept in their bag, so that Bart's can keep on " having a go " which is after all, what really counts.

Editorial Interlude:



" . . . teething troubles . . . not unconnected with steering."

NOTE BOOK

by PENRY ROWLAND.

Editor's Note.

With the introduction of the licensing laws and the advances in modern medical treatment many of the conditions frequently seen a few decades ago are rarely seen now. It is refreshing to read how G.P.'s and M.P.'s worked in those times. The following "shorts" reveal just this.

Adventurous Boy Reaches Port

A boy aged 14 was brought to the Casualty Department on a stretcher. He had been found by candlelight in a nearby cellar unconscious—lying in a flood or welter of dark red fluid. Decor by Rembrandt.

On examination his pulse was full and bounding, his face congested, his pupils widely dilated, and he was unrousable. Suddenly he vomited profusely—pure Port Wine! A stomach tube produced plenty more.

Two anxious draymen came hurrying in. They had heard that their van boy had been brought to Hospital in a serious state, and asked tenderly what was the matter with him.

"Intoxication—will you please go to the cellar in which he was found and report." Ten minutes later they returned and stated that the cellar floor was flooded, the tap still open, and the barrel empty! They looked as if they "wished they had half his complaint."

A thorough washout every quarter of an hour for an hour was considered to be more impressive and memorable than a temperance lecture.

He was an attractive youngster.

The Dog it Was That Died

Matthew Ward 1899—In the corner bed next to Sister's Room lies a dying man—now In patient for the third time.

Strongly bulging through his eroded sternum was a great aneurysmal sac, its walls so thin that the thunder cloud of cyanosed blood looms through. The sac throbs visibly and it looks risky to palpate it.

The patient is conscious and fearful. He has asked for the House Physician to come up and requests him to stay.

The night staff have quietly settled to writing reports and the lights are dimmed right down.

At three a.m. Sister Matthew appears from her adjacent sanctum, clothed in white samite if my memory serves. Good Heavens how graciously they mothered the "residents", except for rare exceptions who took the step-mother attitude.

The H.P. promises to clear off to Quarters when the patient loses consciousness, but will watch the effect of Tincture of Musk first.

This Tincture was only used as a last resort and was looked upon as an Indulgence and Extravagance—a shilling a dram dose!

By four o'clock the patient is practically unconscious and pulseless at the wrist and no change can be traced to the Musk! So Sister turns the drowsing H.P. out of his chair, and out of the ward, to stumble down the long flights of stone stairs in the City silence. He sleeps well, and breakfasts well, then scampers up to 'Matthew' to do a pre-liminary round with Sister, to be ready for the Clerks' arrival.

"Good-morning, Sister, I hope you slept well. Before we start round I will sign the Death Certificate for No. 8."

Sister, bright and beaming as usual, says "You had better look at him first, Doctor!"

"What! Is he still alive?"

There he lies sleeping peacefully, breathing quietly, pulse easily felt and countable, colour good—an amazing change.

Tincture of Musk, Sister? A question "expecting the answer, No" as the Latin Grammars put it.

So to the aneurysm. The recently palpitating peril that has hounded him for two years is silent and still for ever, not a pant or a throb in it, as unresponsive as a dog dead by the roadside.

The confident but leisurely approach of death had given a chance for a massive thrombosis and so "the dog it was that died".

Patient was kept under Bromide and Morphia in the hope that the clotting would become undetachable.

In a few days the patient was happy and chatty. In a few weeks he walked out of the Ward pleased with his new lease of life, but walking very " delicately ".

The Mashers

Pale shadows and faint echoes of whom persist in variety shows after half a century.

One a.m. on Sunday morning. A hansom cab clatters over the cobbles with a heavily caped and grinning Jehu " up ".

Three young men have squeezed in — top hats askew, bulging shirt fronts bent, heads lolling with each jolt of the cab, the essential monocles repeatedly falling from glazed eyes.

The cabby from his rear seat opens the flap doors and the best of the trio reaches the ground safely and carefully, approaches the H.P. on duty :

" I say, old chap, will you be good enough to give my (hic) friend a wash-out. He's feelin' pretty bad, ain't you old fellah ! We've been shellibrating, you see — a few oysters and a bottle or two of bubbly."

" No."

" No?—did you say ' No.' "

" I said, ' No.' "

After a shocked silence — "Algie, this chap says he won't."

" Tell him we've often driven round like this before to a hospital, and they've always been pleashed (hic) to do the little job, haven't they, Algie ? "

" Tell your cabby to drive you to one of those hospitals, unless you have already tried them all tonight."

" In case you fail, here is the address of a doctor close by who will be glad to oblige."

" Goodnight." " Goo' ni' ".

And so back to a stertorous " fractured base."

The cab clatters off with one of the three attempting to sing : the words sounded like, "A beer is mine. I'll get my (hic) hands upon it, my (hic) arms around it. " Perhaps is was only syncopation.

These weaklings occasionally gave trouble to the police, and had to exchange their monocles for manacles.

The Spleen as a Stockpile

To the old O.P. room is brought solemnly on a stretcher a quiffed old Army veteran in extremis—pulseless and pale as pipeclay.

He was clear headed and maintained the calm dignity, typical of an Indian Army sergeant.

The story was that within the last two hours at least seven pints of blood had been vomited, most of it measured. Another two pints were now delivered — which had of course been out of circulation already.

On examination the whole abdomen was found to be distended by an enormous spleen presumably malarial. During the next 3 or 4 hours the firm edge receded like an ebbing tide, until it was only just palpable under the rib-edge.

Another pint was vomited after the patient reached the ward, and he whispered : " Doctor, I feel I shan't get over this dose."

Permission to give a dram of Perchloride of Iron was obtained from Sir Dyce Duckworth and given and taken neat. A quarter of an hour later emesis recurred, but produced only an ounce or two of dark blood, and the complete lining of the oesophagus !

On arrival the chief was horrified on learning that the dose had been given neat, but was secretly pleased with the oesophageal exhibit.

The patient slowly improved as the stockpile diminished. Transfusion was not risked — and it was a dangerous venture in those days.

A few weeks later the H.P. came across a monograph by Professor Osler reporting three cases almost identical with this one.

Could the spleen be encouraged to act in this capacity ?

An Accommodating Casualty

This brief incident occurred in the London Temperance Hospital, late last century.

THE out-patient porter holds open the door to admit an old man who comes awkwardly before the Medical Officer, who is puzzled by his original stance. Both arms were dangling symmetrically from his bowed shoulders, with hands touching dorsum to dorsum in the midline.

" Would you be good enough to reduce my dislocations, doctor? I can manage one but this is beyond me."

" So I should imagine," says the M.O., and eases off the coat with difficulty and gets him relaxed and reclining on the couch.

By using the usual routine—full eversion and adduction — across the chest, the humerus slips into place with an audible and palpable click and without causing pain.

The left arm is similarly treated—an offer by the patient to do it himself being gently refused.

Just then the staff nurse hastens in, obviously, but daintily, brushing cake crumbs from her uniform. The M.O. tells her what she has missed by putting elevenses before experience.

The patient butts in politely: " Would the young lady have liked to see it?"

" Yes, indeed, I expects she considers cake and coffee a mere mess of pottage just now."

" Half a minute, nurse," and he shrugs and wriggles his shoulders one after the other and returns to his original helpless attitude.

Nurse is asked to take on the case and, after glancing round to see if the probationer is in a position to notice a gap in Staff nurses' experience, follows directions and takes the double trick and honours are even, and after mutual expressions of thanks, the patient makes for the door but is haled back.

" And now your story, please."

" Well, here goes! I was soldiering in the Crimean War, and was sent back at night with a minor bullet wound. Unfortunately I fell into a deep trench, dug to accommodate dead Russians (' if accommodate is the word I want,' as Wooster might say). Luckily, or unluckily, my foot caught in abandoned accoutrements and I hung suspended. My arms had been fully extended and both shoulders were dislocated. I gradually became unconscious and I was told later that I must have hung there for two days and a night inverted!

" In that position I was found by the burial squad when they came to complete their by this time highly urgent and distasteful job. Assuming that I was dead I was dragged aside for the privilege of sharing a British grave, but the horizontal position produced signs of life in time, and I was sent to the base hospital—of which I remember little. No, not even Florence Nightingale!

" The dislocations were discovered on board, but not reduced during the long voyage.

" Yes, both shoulders are liable to slip out, but for many years I have been able to replace the bones without help.

" Goodbye—any time I'm passing I shall be only too pleased to be of service."

Where the Nuts Come From

A hurried call by cyclist to see a five year old child—scalded.

The emergency bag is inspected, and contains the latest infallible means of snatching the credit for healing from Dame Nature.

The name of the medicament is omitted because it is, of course, long extinct.

This was one of a series of calamities to this child and the ripples each time had spread to family, road and parish.

Amongst the events were radial subluxation, a fall from a fast moving car, and a thoughtful symmetrical chewing by a handsome Alsatian—who sampled the skin over the scapular spines, the floating ribs, the buttocks and the calves.

The expectation of a widespread disturbance of the local waters was fulfilled, and the little patient was regaining her equanimity and prattled her narrative thus: " I butted into Mummy's tummy when she was carrying the teapot ". 'Nuff said! A forearm scald of first degree.

During the dressing the M.O. paused twice trying to locate a mouse-like squeak, which he soon traces to the right side of the patient's chest. This side was dumb, fully resonant and the interspaces were not indrawn—in fact, a little convex.

On enquiry it was disclosed that the now smiling patient had been getting what she could out of a Brazil nut shell, when she was scalded, and had choked; but had soon recovered to continue her broadcast solo " in alt ".

To put the story in a local nutshell, she " shruk " when she was " scalt " and was suddenly nearly " quackled ".

An announcement that an X-ray picture was necessary was received with surprise, but permission was granted, and within an hour in a nearby town, an expert report was obtained, which confirmed the diagnosis of F.B. probably Brazilian—right Bronchus—with Valve action.

Negus of King's College Hospital replied to a 'phone call that he and his accustomed assistant would await the patient at the main entrance at midnight.

The films were pinned to dry in the canvas hood of the car and after a restful journey the party arrived right on time.

Consent to operate was quarried out of the parents, a hypodermic of morphia given—and a general anaesthetic firmly refused by

the Surgeon. The child's head was immobilised with "cleft palate" clamps, her hands held by her G.P. and the Surgeon's great head mirror adjusted.

There is silence and stillness for a couple of minutes; the questing hovering beam from the mirror becomes suddenly stationary, the extended hand of the surgeon receives the eager crocodile forceps and at a third attempt the F.B. is gripped, and in a few seconds the intelligent forceps clattered to the table still bull-dogging the Foreign Body (Brazilian).

The parents received the news quite unemotionally and probably thought, "Well, well — a hundred mile journey for a two minute job."

Coffee and compliments are handed round and the museum inspected where rabbit bones, fish bones, wooden and metal toys and small coins are neatly docketed with details of success or of failure recorded.

Lobectomy—then a daring dream—would have saved a good proportion of the delayed fatalities.

The child was detained for a week. There were no signs in the chest after ten days. The patient lived to continue her series of adventures.

One memorable phrase is recalled; as the car rattled hollowly over London Bridge, disturbing the ceaseless sleepy hum of the city, the child woke and was delighted by the blaze of lights far below on the Embankment, the glory of the starlit sky and the flickering glitter of reflected stars and lights that had "gone to dance on the river" (the child's phrase). Home at 4 a.m., and so to bed, having earned half a night's repose.

The Growth of the Great Oak and the Felling of it.

SEVENTY or eighty years ago two Suffolk men were trudging from village to village preaching in each on the open green. One was Mr. Bingham, the designer and maker of the well-known Castle Hedingham ware, made of local clay, in an open shed.

His companion had brought with him his silent little son about 6 years old, deformed by rickets—weedy, pallid and unschooled.

Old Mr. Bingham made enquiry of the father about the boy and was assured that doctors held out no hopes of his being reared.

"Let me have a look at him," and there by the roadside he studies him and superficially examines him; then considers the problem in silence, as if in a trance.

At last he speaks: "George! you are all mistaken about this boy. I see in him the strongest man in East Anglia."

The father smilingly replies with the Victorian Suffolk equivalent of "O yeah," or "You're telling me"—although he knew of Mr. Bingham's reputation for many miles round as a confident and sucessful prophet.

Advice is given about diet, exercise, fresh air and liberty.

The boy apparently overheard and understood much of the talk, and began to dream dreams and to live and move amongst other boys, and was soon able to hold his own.

A printed article came into his hands on Physical Culture, which caught his imagination, and he began a correspondence with the writer, "Sandow, the Strong Man," which was kept up for many years.

He became his favourite pupil and his muscular development was amazing.

When Sandow's book on Strength was published, a series of photographs of this young man were used as illustrations. His torso was magnificent and his great chest made fine resonance for his rich bass voice in the Parish Church Choir.

He spent his life cross-legged on a tailor's table, an occupation in which his strength had not outlet, and he led no attacks at the head of his colleagues against the local "hodmedods" or snails.

But opportunity came at last.

Not many years ago he and a friend were walking on a dark night when a car with glaring headlights suddenly rushed over the hill and scattered them.

The driver was thrown out and was soon helped up, little hurt, and one of the passengers came off lightly, but the car and the other victim were not to be seen.

The strong man was knocked out, for a short time, and came round struggling to breathe, with the wheel crushing him, as the runaway car rested half turned over against the high bank.

Grasping the wheel he put forth his great strength and lifted the car sufficiently to be able to fill his lungs and let loose one of his famous diapason notes.

Several people reached him in a few seconds, and by united effort lifted the car

and he was soon in hospital, badly shocked. He remained there many weeks, and it was sad to see his massive muscles dwindle rapidly, being useless of course even at the best of times. No bones were broken.

It took years to recover his confidence.

If this were fiction there would have been an altruistic ending, but no villains, no beauties in distress, no city gates were handy. Such is life!

HILL WITHOUT END

Hill without end
The place ' round the bend '
Where there's no hill and no end
To which Bart's does send
Her specialists to fend
Through fog, snow and rain
Again and Again
Year upon year without end
Many long hours do they spend
Going to Hill End.

When will it end
This Hill End ?
To which our energies bend
Without hope of release
That this nuisance will cease
The Specialists Bart's lends
To exile she sends
That the sick they may tend
At this place called Hill End.

The patients they mend
Are upset at this trend
As they mournfully wend
Their way to Hill End
For the bright wards of Bart's
Would not break their hearts
But there's only one end
And that's ' round the bend '
At Hill without End.

H. B. S.

(This doggerel was written as a lament on hearing that the decision to re-open the West Wing as wards for the Special Departments has been timidly abandoned, and that this ward block will continue to house scriveners and sundry lodgers and will not offer hospitality to patients.)

A WEEK WITH A G. P.

by F. D. C. FORD.

I met the Doctor at a lecture which he gave on the equipment of a practice, and in discussion afterwards we were given a general invitation to visit his practice. This later I arranged to do.

Type of Practice.

It is a country practice within an hour or so of London and as I arrived for a week's visit it began to rain. It continued to rain all week, but this could not prevent my enjoyment of a lovely countryside. The Doctor, his senior partner and a trainee assistant cover a wide valley of about five miles by eight, containing seven fairly compact villages and four smaller hamlets. Their lists are part private and part N.H.S. and of a combined size (3,800) to allow a sense of time in seeing patients.[1] There was never any apparent rush in this smoothly organised practice. Careful records were kept, especially of the visits, since any but trivial complaints were likely to be seen at home. Each of the principals living at the two main villages has his own surgery and dispensary attached to his house. The dispensing I think adds interest, and it is not nearly as difficult as it appears at first sight, so long as multiplication tables are at hand. But the uninitiated should beware of experiments.

Organisation.

Surgeries are arranged so that each principal takes two surgeries a week in the other's house and two mid-morning surgeries in one of the other villages. Thus patients can more easily see the doctor they prefer. The outlying surgery is merely a cottage sitting room ; it is used as a convenient sorting post, anyone requiring more than superficial examination going to one of the main surgeries later. Working individually and without ancillary helpers during surgery there seems to be no need for a separate examination room as advocated by Dr. Stephen Taylor.[2] There is a whole time Dispenser and a part-time book-keeper-secretary at the senior partner's house. Without going into details, the Doctor has his Midwifery and Minor Surgery bags always ready in the boot of his car, and carries everywhere a small case containing everyday instruments and drugs in such order that he can find what he wants even in the dark.

Local Health Services.

There are excellent communications with the nearby hospitals and nursing home, and very friendly relations with the local specialists.[3] The Doctor, for instance, assists at operations on his patients when possible, and is often able to deliver bacteriological specimens in person to the local laboratory. The Medical Officer of Health in this district is most helpful, and interested in the study of the epidemiology of local diseases. There is room for much G.P. research here, and the Doctor is at the moment engaged in studying the effects of antibiotic prophylaxis of measles complications, as part of a scheme covering areas all over the country. The lack of measles this year does not help. During my week I saw home nurses at work, and a mobile physiotherapy unit. It is obviously important to realise what these people can accomplish, since their help makes a surprising difference not only to the effectiveness of treatment but also to the volume of a doctor's work. There was no industrial medicine to be seen, but I did have the opportunity of visiting a residential school for deaf children for whose health the Doctor is responsible.

Analysis of Cases Seen.

Table 1 shows briefly the number of cases seen during my week. There were 11 surgeries, not including arrangements for special attendances :—

This preponderance of illness among women appears to be a general finding, whereas among children the sexes are affected about equally. The ratio of attendances to visits is about 2 to 1. For comparison a student from the Charing Cross Hospital[4] recently in three weeks with a G.P. saw a total of 672 cases, 458 being attendances and 214 visits. Instead of analysing the small number of cases I saw, I have analysed the new visits made by the Doctor during the three month period February-March-April of the last 3 years.

Table 1. Numbers of Cases Seen.

(New cases are not necessarily new to the doctor).

	New Children		New Adults			
	Male	Female	Male	Female	Repeats	Total
Attendances	9	11	19	33	29	101
Visits	3	3	9	22	9	46
Totals	12	14	28	55	38	147

In Table II these are compared for interest's sake with the analysis of new visits and attendances made by the doctor whom a student from the Charing Cross Hospital visited for three weeks. The large number of Upper Respiratory and Ear infections should be noted. During my week 13 specialist consultations were asked for, and 19 requests for Pathological, Bacteriological or X-Ray examinations. I saw no infectious diseases, no acute emergencies, and made only one "flap" night visit to a woman hysterical with cancer-phobia. But I did see a woman with acute iritis, another with glaucoma, many "acute ears", several cases of disseminated

Analysis of New Visits

Feb.-March-April.

Table II.

Type of Disease.	1952	1953	1954	Total	Charing X new V's & A's in Spring 1954
Upper Respiratory	56	76	70	202	58 (virus infections)
Ears					
Infectious Diseases	18	29	22	69	29
Alimentary	36	59	10	105	6
Respiratory	32	25	26	83	16
Orthopaedic	35	28	14	77	16
Minor Surgery (Injuries)	16	11	15	42	15
Cardiovascular	14	9	9	32	7
Mid. & Gynae.	9	4	10	23	9
Psychological	4	11	8	23	15
Skins	4	3	7	14	9
Urinary	4	4	6	14	12
	2	2	6	10	7
Miscellaneous	15	10	17	42	35
Totals	245	271	220	736	234

sclerosis with varying disability, several with metastatic carcinomatosis, and oddly enough two women with lactation psychoses — much in fact that is unlikely to be seen in a so-called teaching hospital.

Discussion.

I learnt a great deal about drugs and treatment with not a few useful tips never heard in Hospital. I learnt much from observation of the "doctor-patient relationship", and even the application of text book public health became interesting in practice. New ideas on aetiology and new methods of treatment were discussed especially for the more common ailments. For instance there is Stoss Therapy: the idea that one *adequate* injection of penicillin will kill sufficient of the invading cocci to enable the natural defences of the body to overcome the rest and at the same time increase natural immunity. The Doctor's patients on this treatment were examined daily by him, and so long as improvement in the physical signs continued, no second dose of penicillin was given.

Dare one practise such a theory on a patient with pneumococcal meningitis?

The College of General Practitioners has as one of its aims the encouragement of research in general practice.[5] The study of measles already mentioned is an example. Then the Doctor has kept records of all the cases of Acute Otitis Media seen by him since 1949. These are analysed in Table III.

Infection of the ear spreads from the post-nasal space along the Eustachian tube and his suggestion is that more people sleep on their right side and that therefore the right ear is more likely to be affected; but the statistical significance of these figures has still to be tested. The subject of Otitis Media, as seen from the tables, is one which continually confronts the G.P. The trouble is that he treats it so well that students do not see it in Hospital. Certainly I had not seen an inflamed drum before this week's visit, but I have now learnt to appreciate the use of an auroscope.

Perhaps the most useful thing I learnt during this week was the importance of continuity of care: the effect of someone's illness on his family, the social problems which disease gives rise to, and the care that is available for the young and the old. Geriatrics is after all likely to become increasingly important, especially to the G.P. For it is always the G.P. who, after the specialists have done what they can, has to deal with the patient who has inoperable cancer or chronic heart disease. It requires not a little skill and understanding to cope with such people and their problems.

Conclusions and Summary.

I have written of my week with a country G.P., describing the type of practice, its organisation, the relations with hospitals, laboratories and the M.O.H.: I have tried to give some indication of what I saw there, all with the object of encouraging others to go and see for themselves what practice is like. Even those who intend to specialise ought to know; after all they will be writing letters to the doctor who has charge of the whole of the patient only part of whom they treat. Pressure of exams prevented my staying longer than a week, but I would advocate at least two weeks, preferably two weeks in two different kinds of practice including a "group practice".[6]

Table III.

Acute Otitis Media.

Ear	1949	1950	1951	1952	1953	1954 (first 4 months)	Total
Right	9	6	17	18	22	12	84
Left	9	9	14	14	17	4	67
Bilateral	3	24	24	27	14	6	98
Total	21	39	55	59	53	22	249

And I recommend that such a course become part of the normal curriculum of a student's final year. A Professor of Medicine once said that a doctor requires three things : Magic, Science and Sympathy. Where better to learn Sympathy (with Science and a little Magic thrown in) than from a G.P. ?

ACKNOWLEDGMENT.

I wish to thank the Doctor for his help and criticism of this article, and for his permission to quote these figures from his practice records.

REFERENCES

[1] C. M. Fleming (1954) "G.P. in America & Great Britain". esp. "Scope of G.P." etc. Brit. Med. J. 1, 1399.
[2] Stephen Taylor (1954) "Good General Practice". Oxford University Press.
[3] General Practitioner Number of Brit. Med. J., 1953, 2, 717, etc.
[4] Marien and Ardouin (1954) "Undergraduate course in G.P." Brit. Med. J. Supplement. 1, 217.
[5] (a) Research in General Practice : Brit. Med. J. 1953, 1. 605.
(b) A college of General Practitioners : Brit. Med J. 1952, 2, 1321.
[6] Central Health Services Council : Report of the Committee on G.P. within N.H.S. London. H.M.S.O. 1954.

SO TO SPEAK . . . . .

Heard in W.O.P.'s;

I don't know whether the pain is in my tubes or in my aviaries, Doctor!

'Ear, 'Ear;

Doctor: The source of your trouble is this ear.
Patient: This 'ere wot ?

In S.O.P.'s : a case of hollow trunk ;

"p.r no viscus was felt."

Sssssssss . . . .!

In the course of a lecture it was stated that intussusception was all S's.

ICE HOCKEY—A MUCH MALIGNED SPORT

by JOHN DAWSON.

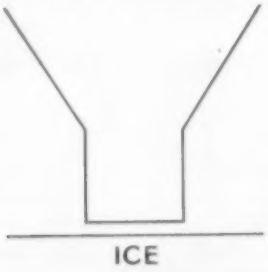
I write this in the boots of a lesser prophet living in the lands of rolling uplands and village green, having journeyed from lands where ice and snow are welcome guests for at least four months of the year.

To consider a sport foreign to one, it is vital to listen to a rational enthusiast, a somewhat rare beastie. However, in the next few aggramatical paragraphs let me represent myself to you as one.

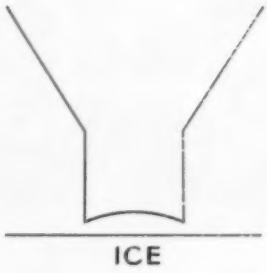
I propose to consider a player of the game arriving at "The Rink," and to try and imbue him with a personality. He is to start with a member of a team of 12 men, of which only 6 perform on the ice at a time. The remaining six being second lines of offence, and combinations of defencemen. The offensive "line" consisting of a centre and two wings, the defensive of two defencemen and a goalkeeper, alias a goaltender or goalminder.

Our hero wends his way to a dressing room with wooden duckboards on the floor to protect his skate blades when he is finally attired, and after disrobing attires himself thus. Primarily all members of the team warrant that protection rendered unto a field hockey goalkeeper or a wicket keeper in cricket. Superimposed on this are the underclothes which must allow considerable glowing to occur as the pace waxes extremely hot in time. Shoulder pads, padded shorts, knee and shin pads, elbow pads, are all strapped on, and the inevitable suspender for the long and cosy stockings is added. Over all this goes his identifying sweater and his long stockings, and finally his skates.

Ice hockey skates differ from figure skates in having a strongly reinforced boot with generally a built in metal sole to which is riveted the skate. The blade itself is supported in a tubular structure and is cut in cross section so;



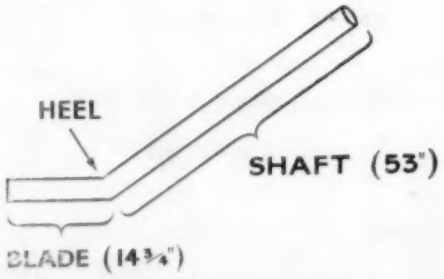
as opposed to



of the figure skate. To whit, no "edges" are present on the hockey skate, a very necessary point when rapid lateral skidding forms the main braking mechanism. Many ice hockey skates also have an attached pad which protects the "Achilles Tendon," from being accidentally severed by a skate en passant.

His skates are sharpened, but not to an over-sharp degree, or else the bite is too excessive in a "stop turn," and the ankle in such a situation would fold up under the strain.

Next he grasps a stick of some such shape as this;



which has a variable angle for players of different heights, and with a slight degree of " lie " of the blade to the shaft, depending on the side of the rink upon which he plays or whether he is right or left-handed.

Then picking up very heavily padded gauntlets, and a head " band protector " if he believes in them, he trips sedately on his toes to the ice surface. Here he meets his pals practising shooting at " The Cage " in front of which his fellow goalie is performing protective antics behind a veritable mountain of padding. Nonetheless I have witnessed a " puck," which is the propelled object in the game, being a disc some 3 in. in diameter and 1in. thick of vulcanised rubber, turn a goalminder into a heap of agonised humanity when driven hard at the centre of his protective clothing. The penetrating effect is unbelievable unless seen.

The Rink itself is an ice surface of some 200ft. by 85ft. divided by two blue lines into three portions. The Defending Zone, the Neutral Zone, and the Attacking Zone, all are self explanatory. The whole being surrounded by boards about 3½ft. high, and a goal is in theory some 10ft. from each end being a net cage 6ft. by 4ft.

The object of the game, now, is to provide very rapid co-ordination of your six men to propel the puck into the net as many times as possible. After practice shooting and generally warming up, because cold muscles can tear very easily in this sport, the teams position themselves and a " face-off " occurs in a 10ft. circle at centre ice. This equals a " bully " in field hockey, and the pace commences.

Now the attacking team can " go in " in a three man attack with the puck carrier leading, or with the puck loose, moving before them all. If one of the three is impulsive and crosses the blue line in question before the puck, an offside results, and a face-off is held at the point of origin of the pass. A player is also offside if he receives a puck from a player behind him who is passing from another zone i.e. across a blue line.

Thus, once the defending team have shot the puck out of the defensive zone, all the attacking men are offside until they skate out of this zone, and once again follow the puck in. This explains why you often see defencemen skating about with no apparent aim, in reality they are waiting for their attacking forwards to get on side.

It also leads on to the principle of a five man attack or " power play ". This necessitates the three attacking men going up into the opponents' defensive zone, and behind them also in the zone, stand the two defencemen, feeding in any clearances that show signs of crossing the all important blue line.

This is obviously a fairly well considered move, because if it aborts, one's own goalkeeper is left wide open to attack on two counts. The first is that it takes an appreciable time, on the time scale involved, for the defencemen to turn around and hustle back, hence the requirement for rapid back skating. The second lies in the fact that by choice the forward line are the faster men.

Thus the play travels back and forth for three 20 minute periods with two 10 minute intervals, changing over for the first two periods, and twice in the third period so that each team gets 30 minutes in each direction.

These are virtually all the rules and pointers one really need remember to work out the basis of the game, but, " come the revolution " and the all-absorbing subject of " Penalties " arises.

Penalties, true blue blooded English sportsmen with all their associations tend to damn outright as having " no cricket " labels. This attitude I must try and dispel for it is founded on ignorance and lack of appreciation of a few pointers.

Penalties may be divided by name and the time of penalty associated with them. The minor penalty carries 2 minutes, the major penalty 5 minutes, a misconduct penalty 10 minutes, and a match penalty the remainder of the game. I think the first two are the only ones worth bothering with as the others are very rare, and are really self explanatory as to cause and result.

Before I begin let me stress that a penalty is a *serious* handicap to a team in a game of so few men, and at such speed, and therefore is very much to be avoided. Even so there are further considerations in Ice Hockey which tend to the rougher type of human reaction. No one will deny that Ice Hockey ranks high amongst the high-speed sports, and that the players are physically pretty well extended all the time, as is seen by the relief of " the line ", as the substitute line takes the ice. These two facts tend to aggravate that impetuous annoyance which is always concomitant with

bodily contact sports, and as a result one finds oneself performing deeds in the heat of the moment of which one would normally be deeply ashamed. I believe this point must be fully realised by spectators who have never played, and when penalties are incurred, judgment should incorporate a sense of proportion.

Minor penalties are given for such things as :

1. Skating on with a stick that is broken or cracked even if the state is unbeknown to the player.
2. High sticks.
3. Accidental hooking or tripping.
4. Elbowing or holding.
5. Shooting the puck out of the rink as a delaying defensive effort.
6. Falling on the puck.
7. Dangerous "Body Checking" or "Cross Checking".

(Cross checking means checking with both hands on the stick and no part of the stick on the ice).

8. Many other small things.

Major penalties cover the more unpleasant performances such as fisticuffs, or excessive checking into the boards, or causing injury to an opponent which the referee feels was unwarranted. These are the just punishments meted out for bad behaviour, but in passing remember a hard body check looks much more shattering to an inexperienced onlooker than it feels to the player involved.

Out of this arises a minor point of interest. The game as played in Canada and the United States involves far more bodily contact than does the German or Swiss game, which relies on speed and sharp manoeuvres to outwit the enemy. This does not mean it is a better game curiously enough, but just different.

To sum up, I believe it is well worthwhile for an Englishman to go and watch the game, with I hope this modicum of knowledge, and to enjoy it. The novice will find it perplexing for the first five minutes until he becomes accustomed to the speed and rapid change of direction. Then he may begin to see the basic plays, and go from strength to strength in a state of increasing fascination. I believe this, because this game, although strange to us as Englishmen, is absorbing as a spectacle, and even more gripping when it is played personally.

GULLS

Your terraced flight, a candid beauty shows,
Your raucous cry, an angered heart's unrest,
Perhaps a peace about the estuary flows
But out at sea, tides dash your ruffled breast.
A sailor's curse, the bane of sea-etched graves
Speed with your noble pinions 'gainst the sky.
You only know eternity of waves
And not the time when you must also die.

STUDENTS UNION

Officers for the Students Union 1954-55.

President	Professor A. J. E. Cave
Treasurers	Dr. C. F. Harris
	Dr. K. O. Black
	Professor J. Rotblat
Vice Presidents	L. Pringle
	W. Graham Harris
	E. Clissold
Senior Secretary	R. Doherty
Junior Secretary	J. R. Nicholson
Financial Secretary	P. G. Burles

The Union wishes to express its gratitude to the retiring president Mr. C. Naunton Morgan for a year of service in which he showed a genuine interest in student affairs and was a tremendous help to the Council in many ways. A warm welcome is also extended to Professor Cave who is no stranger to the Union and who we know has its interests at heart.

Annual Dinner

The Annual Boat Club Dinner will be held at the White Hart, Giltspur Street, on Wednesday 17th. November at 8 p.m. All past members will be welcome. Tickets 14/6, from the Secretary.
The United Hospitals Regatta is to be held at Putney on that afternoon.

Notes

A combined Regatta was held with St. Thomas's Hospital on Wednesday 20th. Oct. There were races for Scratch VIII's & IV's, each crew containing members of both clubs. The finals were rowed in darkness. It was eventually decided—and without violence—which were the winning crews, and Presentation prizes were awarded. A good time was had by all.

Material for the *Journal* should be at the Editor's Desk by the 1st day of the month preceeding that of desired publication.

CLUB NOTICES

SAILING CLUB

The second half of this season has seen a continuation of the intense rivalry between Bart's and Guy's which has been a feature of the interhospital racing for the last two years. Guy's ultimately winning the Bannister Cup by one point thus reversing last year's placings. No other hospital was anywhere near.

In the Harvey Gold Bowl race Bart's had the misfortune to draw by far the slowest boat, and the crew had the frustrating experience in a light wind of dropping further and further back. All the usual tricks and several new ones making no difference at all, Bart's ultimately finishing sixth.

During Burnham Week the predominance of strong winds rather spoilt the Week for the less experienced and the U.H.S.C. 16 footers were plagued by a host of minor breakages. It was none the less a most enjoyable week and the club was fuller than usual. Besides the U.H.S.C. O.D.'s, Bart's were represented in the International 12 Square Metre Shagries, the Merlins and the Fireflies. No spectacular results were achieved but the performances showed that the material is there and only needs more practice and more careful turning of the boats themselves.

The Burnham season has now ended but the Firefly is available on the Welsh Harp in Hendon and there is a full winter programme of social events and talks by well-known authorities on various aspects of the sport.

RECENT PAPERS BY BART'S MEN

ABRAHAMS, Sir Adolphe. Sport and medicine. *Westminster Hosp. Gaz.*, July, 1954, pp. 267-268.

*——. On feeling liverish. *Practitioner*, 173, Sept., 1954, pp. 229-233.

*BANKS, T. E., and others. Estimation of zinc in biological specimens. *Nature*, 173, Feb. 20th, 1954, p. 348.

*BETT, W. R. A great editor: Sir Dawson Williams (1854-1928) *Med. Press*, July 14, 1954, pp. 53-54.

*——. Phillippe Charles Ernest Gaucher. (1854-1918). *Med. Press*, July 28, 1954, p. 100.

*——. The discovery of morphine. *Chem. & Drugg.*, 162, 1954, pp. 63-64.

*—— Surface antiseptics; their advantages and disadvantages. *Med. Press*, Aug. 18, 1954, pp. 160-162.

*——. Medical history in eponyms. *Miss. V. Med. J.*, 76, July, 1954, pp. 151-152.

*——. William Briggs (c. 1650-1704). *Med. Press*, Sept. 1, 1954, p. 202.

*——. H. W. F. Wackenroder (1798-1854). *Med. Press*, Sept. 8, 1954, p. 227.

*——. Alexander Bruce (1854-1911). *Med. Press*, Sept. 15, 1954, p. 252.

BLACK, K. O. Tumours of the pancreas, with particular reference to spontaneous hypoglycaemia. *Practitioner*, 173, Sept. 1954, pp. 264-270.

*CAPENER, N. The evolution of lateral rhachotomy. *J. Bone Jt. Surg.*, 36B, May, 1954, pp. 173-179.

CAVE, A. J. E. Excavation of a Roman Barrow at Riseholm, Lincoln: the human remains. *Antiquaries J.*, 34, Jan-April, 1954, pp. 36-37.

——. Viscount Addison: obituary. *J. Anat.*, 88, 1954, pp. 428-429.

CHRISTIE, R. V. *See* MARSHALL, R., E. L., and KENNAWAY, N. M——.

*COLEMAN, Frank. The history of nitrous oxide anaesthesia. *Med. Ill.*, 8, July, 1954, pp. 419-428.

CULLINAN, E. R. Discussion on portal hypertension. *Proc. roy. Soc. Med.*, 47, June, 1954, pp. 478-480.

CURWEN, M.P., KENNAWAY, E. L., and KENNAWAY, N. M. The incidence of cancer of the lung and larynx in urban and rural districts. *Brit. J. Cancer*, 8, June, 1954, pp. 181-198.

*——. Punched cards for routine in-patient records. *Hospital*, July, 1954, pp. 433-442.

*——, KENNAWAY, E. L., and KENNAWAY, N. M. Cancer of the lung and larynx in town and country. *Union Internat. contre le cancer, ACTA*, 10 , 1954, pp. 104-109.

*DISCOMBE, George, (and NICKOL, K.), Myelosis involving the granulocytic and erythrocytic systems. *J. clin. Path.*, 7, Aug., 1954, pp. 211-215.

*D'SILVA, J. L., and KAZANTIS, G. Measurement of the mechanical function of the lung in normal subjects. *Thorax*, 9, 1954, pp. 128-135.

*——, (and NEIL, M. W.) The potassium, water and glycogen contents of the perfused rat liver. *J. Physiol.*, 124, 1954, pp. 515-527.

*DU BOULAY, George, and GREEN, B. Portal venography in Banti's disease. *Brit. J. Radiol.*, 27, Aug., 1954, pp. 423-434.

*FARRAR, D. A. T. Simple fibroma of the nasopharynx. *J. Laryngol. & Otol.*, 67, Aug., 1953, pp. 486-487.

*——. Use of polymyxin B in the external ear. *Brit. med. J.*, II, Sept. 11, 1954, p. 629.

FRANKLIN, K. J., and WINSTONE, N. E. Further notes on parturition in the rabbit. *J. Physiol.*, 125, 1954, pp. 43-50.

*GALBRAITH, H. J. B. Familial Paget's disease of bone. *Brit. med. J.*, II, July, 3, 1954, p. 29.

*——, and others. Clinical tests for Ketonura. *Lancet*, II, July 10, 1954, p. 95.

*GARROD, O., (Caughey, J. E., and ——). Coma and allied disturbances of consciousness in hypopituitarism. *Brit. med. J.*, II, Sept. 4, 1954, pp. 554-560.

*GOULD, J. Approach to the recognition and diagnosis of psychiatric illness in general practice. *Practitioner*, 173, Sept., 1954, pp. 279-288.

GREEN, B., *see* DU BOULAY, G. H., and ——.

HADFIELD, Geoffrey. The dormant cancer cell. *Brit. med. J.*, II, Sept. 11, 1954, pp. 607-610.

HARRISON, N. K. Lantern slide technique. *Functional photography*, 5, 1954, p. 10.

——. The 35 mm. camera in plastic surgery. *Brit. J. Photography*, 101, 1954, p. 4914.

——. Lighting fitments for medical photography. *Functional photography*, 5, 1954, pp. 18-21.

HARRISON, R. J. Seals and diving. *London Hosp. Gaz.*, 57, June, 1954, pp. 74-77.

*HERINGTON, G., (and JAMES, E.) Continuous succinylcholine chloride with pethidine in abdominal surgery. *Brit. med. J.*, II, Aug. 11, 1953, pp. 317-320.

HOWELL, Trevor H., (and others.) The use of chlorpromazine in geriatrics. *Practitioner*, 173, Aug., 1954, pp. 172-173.

HUNT, A. H. Discussion on portal hypertension. *Proc. roy. Soc. Med.*, 47, June, 1954, pp. 469-475 and 480.

*HUNTER, Richard A., (and GREENBERG, H. P.) Barbiturate addiction stimulating spontaneous hyperinsulinism. *Lancet*, July 10, 1954, pp. 58-62.

*——, (and others.) Aerobic actinomycosis with a report of a case resembling miliary tuberculosis. *Guy's Hosp. Reps.*, 103, 1954, pp. 196-206.

*JEWESBURY, E. C. O. Subacute combined degeneration of the cord and achlorhydric peripheral neuropathies without anaemia. *Lancet*, II, Aug. 14, 1954, pp. 307-312.

JOPLING, W. H., (and RIDLEY, D. S.) Isoniazid in lepromatous leprosy. *Trans. R. Soc. Trop. Med. Hyg.*, 48, 1954, pp. 132-138.

JONES, F. Avery, *see* WITTS, L. J., and others.

KAZANTIS, G., *see* D'SILVA, J. L. and ——.

KENNAWAY, *Sir* E. L., *see* CURWEN, M.P., and others.

*——. The statistical significance of biological data. *Brit. med. J.*, II, Sept. 18, 1954, p. 663.

KENNAWAY, N. M., *see* CURWEN, M.P., and others.

*KEYNES, Geoffrey. The physiology of the thymus gland. *Brit. med. J.*, II, Sept. 18, 1954, pp. 659-663.

*KNOX, R. A. Laboratory control of chemotherapy. *Brit. med. J.*, I, 1954, p. 1200.

LEHMANN, H. Distribution of the sickle cell gene, a new light on the origin of the East Africans. *Eugen. Rev.*, 46, July, 1954, pp. 101-121.

*——, (EDINGTON, G. M. and ——.) Haemoglobin G. A new haemoglobin found in a West African. *Lancet*, II, 1954, pp. 173-174.

*——, (EDINGTON, G. M. and ——.) A case of sicklehaemoglobin C disease and a survey of haemoglobin C incidence in West Africa. *Trans. Roy. Soc. Trop. Med. Hyg.*, 48, 1954, pp. 332-335.

*——, (and others.) Prolonged apnoea after suxamethodium. (A case-study of pseudocholinesterase). *Lancet*, II, Aug. 21, 1954, pp. 354-356.

*MACKENNA, R. M. B., (and HORNER, Sybil). ccupational skin diseases. Vol. 2. Chap. I of *Industrial Medicine and Hygiene*, Edited by E. R. A. Merewether. 1954.

*MCKINNA, J. A., and MISIEWICZ, J. J. The effect of anaesthesia on the blood volume of rabbits. *J. Physiol.*, 124, March, 1954, 44-45P.

*MAINGOT, R. The 'keel' operation for large ventral hernia. *Med. Press*, Aug. 11, 1954, pp. 134-138.

*MARSHALL, R., and CHRISTIE, R. V. The viscoelastic properties of the lungs in acute pneumonia. *Clin. Science*, 13, 1954, pp. 403-408.

MISIEWICZ, J. J., *see* MCKINNA, J. A., and ——.

*MOURANT, A. E. (SHAW, S., ——, and IKIN, E. W.) Hypersplenism with anti-Lutheran antibody following transfusion. *Lancet*, II, 1954, pp. 170-171.

*MURLEY, A. H. G. Tennis elbow, treated with hydrocortisone acetate. *Lancet*, II, July 31, 1954, pp. 223-225.

NOON, Charles. Inguinal hernia repaired with anterior rectus-sheath flap. Analysis of 134 operations. *Lancet*, II, July 17, 1954, pp. 114-115.

*PARTINGTON, M. W. Indirect effect of ultra-violet light on skin blood vessels. *Nature*, 174, July, 1954, p. 134.

ROBB-SMITH, A. H. T. The concept of the collagen diseases. *Practitioner*, 173, Aug., 1954, pp. 117-124.

*ROBINS, R. H. C. The primary reconstruction of the injured hand. *Ann. roy. coll. Surg. Eng.*, 14, June, 1954, pp. 355-370.

*SAVAGE, Oswald, (and others.) Management of rheumatoid arthritis with prolonged cortisone administration. *Brit. med. J.*, I, May 15, 1954, p. 1109.

*SCOTT, R. Bodley. Blood transfusion and the effects of injury. *Brit. med. Bull.*, 10, 1954, pp. 22-25.

SILK, E., *see* LEHMANN, H., (and others).

*TUPPER, R. L. F.,

*——, and WATTS, R. W. E. Separation of radioactive zinc from cyclotron-irradiated copper. *Nature*, 173, Feb. 20, 1954, p. 348.

——, WATTS, R. W. E., and WORMALL, A. The incorporation of ^{65}Zn into avian eggs. *Biochem. J.*, 57, 1954, pp. 245-255.
see also BANKS, T. E., and others.

WATTS, R. W. E., *see* BANKS, T. E., and others.

——, *see also* TUPPER, R. L. F., and WATTS, R. W. E.

——, *see also* TUPPER, R. L. F., —— and WORMALL, A.

WEBER, F. Parkes. Peripheral hypersensitive areas for perception and evaluation of neurological and psychological stimuli. *Med. Press*, Aug. 11, 1954, p. 142.

*WILLS, E. D. The effect of anionic detergents and some related compounds on enzymes. *Biochem. J.*, 57, 1954, pp. 109-120.

WINSTONE, N. E., *see* FRANKLIN, K. J., and ——.

WITTS, L. J., and others. Cortisone in ulcerative colitis. *Brit. med. J.*, II, Aug. 14, 1954, pp. 375-378.

——, (HEATLEY, N. G., and ——.) Intrinsic factors in the pyloric and duodenal secretions of the pig. *Lancet*, II, Sept. 18, 1954, pp. 578-580.

*WORMALL, A. The importance of chemistry in the education of medical students. *Med. Press*, Sept. 8, 1954, pp. 209-211.

——, *see also* BANKS, T. E., and others.

——, *see also* TUPPER R. L. F., WATTS, R. W. E., and ——.

**Reprint received and herewith gratefully acknowledged. Please address this material to the Librarian.*

BOOK REVIEWS

Aids to Medical Treatment *by* T. H. Crozier. Third Edition. Published by Baillière, Tindall and Cox. 536 pp. Price 12s. 6d.

It is only a few years since the second edition of this useful "aids" book appeared, and the fact that a third edition has now been called for is proof of its popularity rather than its necessity to keep up to date. Although it is somewhat fuller than the previous edition its contents are not greatly changed. The most noticeable changes are in the sections on some hormone treatments and on the effects of radioactivity. This "aids" book should be within the reach of every student and will prove of great help in the preparation for examinations.

Microbiology *by* Ernest Gray. Published by Crosby Lockwood and Son, Ltd. XII + 175 pp. Price 10s. 6d.

The term microbiology would seem to be a frightening one and sounds more "high-powered" than bacteriology which constitutes a large part of microbiology. In this book the author enters into all the aspects of the subject, and includes bacteria, viruses, fungi, etc., in his narrative. Parts of the book are of interest to the medical student, but others covering the algae, the microbiology of soil, inland waters and the sea would only be of passing interest to him. For the laboratory worker this book will prove interesting and useful.

Bouquet for the Doctor *by* Dorothy Fisk with an introduction by Prof. Sir Alexander Fleming. Published by Messrs. William Heineman. 241 pp. + 16 illus. Price 18s.

Many a medical journal has reproduced biographies of familiar characters and histories of specific conditions but rarely does a history of medicine in its broadest aspect become presented in readily readable form and at an attractive price. In "Bouquet for the Doctor" Dorothy Fisk has given the reader much enjoyable light reading and covers a period from the earliest to the latest times. After beginning in the confused territory between medicine and religion, in the times when healing was not known but only the delay of the day of "crossing the hilly bourn from which no traveller returns," the book cites from old manuscripts and prescriptions the main constituent of which seemed to have been cat's dung and sweet beer.

In the discussions on hospitals St. Bartholomew's is mentioned only briefly with St. Thomas's and several other ancient spitals. There follow several chapters dealing with the lives of such personalities as Harvey, Jenner, Sydenham and Lister.

The discovery of anaesthetics, bacteria and antibiotics are mentioned in some detail and there is much to be learnt of the extreme conservatism that hounded the medical profession until recent times.

The book is well worth reading for pleasure and for its fund of information. It should prove of interest to both medical and non-medical readers.

Treatment with Penicillin and other Antibiotics *by* J. C. Bates with a foreword by Sir Alexander Fleming. Published by Messrs. Faber & Faber Ltd. Price 7s. 6d. 100 pp.

In recent years the use of penicillin and other antibiotics has considerably increased, and knowledge of this type of therapy should be understood by the nurse whose duty it is to administer it. In this little book Dr. Bates gives all the information she needs; in a short space he has covered a wide range, including dosages, indications for use, methods of administration, and also an excellent chapter on precautions against skin reactions in those who handle antibiotics.

Every nurse will find this book of use and interest.

Brompton Hospital Reports, Vol. XXII. Published by Gale & Polden Ltd. 165 pp. Price 15s.

The latest volume of these Reports includes publications by members of the staff both of the Brompton Hospital, and of the London Chest Hospital; in accordance with a policy to make the Reports representative of all the Hospitals for Diseases of the chest. Among the contributions are "The Present Status of Lung Resection for Pulmonary Tuberculosis" by F. H. Young, "The Lateral Position in Chest Tomography" by G. Simon, "Intra-Thoracic and Intra-Bronchial Lipomata" by Joseph Smart, and "Lymphangitis Carcinomatosa of the Lungs" by James T. Harold.

The Distribution of the Human Blood Groups. A. E. Mourant. Blackwell Scientific Publications, Oxford, 1954 pp 438. Price 42s.

The crowded curriculum of the medical student leaves little time for exploration of subjects on the borderline of the already vast material he is asked to assimilate within a few years. It may however be a matter of pride for the students of St. Bartholomew's Hospital that yet another pioneering book has been written by one of their predecessors, a book which by its very appearance creates a newly defined subject. Dr. Mourant's "The Distribution of the Human Blood Groups" follows those of Race and of Macfarlane in this respect (Race & Sanger "Blood Groups in Man" and Biggs & Macfarlane "Human Blood Coagulation and its Disorders"). It astonishes the reader by its wide scope, yet however divergent the subjects which are discussed, each carries the personal stamp of an encyclopaedic scholar of a type rarely found in the 20th century. Dr. Mourant was a chemist and then a geologist before he took up medicine. Shortly after qualifying at Bart's he became a member of Dr. Brewer's department where he made his first important discovery in the field of blood groups, that of the Rhesus gene e. This was not just another mosaic to be fitted into the jigsaw puzzle of Rhesus antigens but a finding of the utmost importance for the Fisher-Race theory of the genetics of the Rhesus blood groups. Whatever Mourant has done since has had this flair of fundamental importance to mention only some items: the discovery of the Lewis blood group system, the Hunter-Henshaw antigens, the prediction of a high incidence of Rhesus negative individuals in the area of the Basque country which was so amazingly correct. Since becoming a medical man and an authority on blood groups,

Continued on page 328.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

1st M.B. EXAMINATION

June, 1954

Passed

Bataineh, Aref S'ad
Birt, A. M.
Cox, T. A. R.
Davies, G.
Hill, B. D. G.
Netcott, P. N-K.
Patterson, M. J.
Simons, A. G. E.
Swallow, J.
Thomson, R. G. N.
Beardwell, C. G.
Bonner-Morgan, R. P.
Craggs, J. C.
Eddy, J. D.
McGrath, M. B. J.
Noble, M. I. M.
Roberts, C. P.
Stevenson, J. S.
Tchamouroff, S. E.
Young, H. R. M.
Berry, W. H. C.
Burbidge, B.
Davies, D. G.
Ernst, P. R. M.
Muzio, D. M.
Owens, J.
Robinson, J. S.
Sugden, K. J.
Thomas, B.

2nd M.B. EXAMINATION

July, 1954

Passed

Badley, B. W. D.
Cocker, W. J. B.
Major, V. T. D. H.
Rowswell, E. F. D.
Visick, R. H.
Billardis, D. G.
Hackett, M. E. J.
Pidcock, B. M. H.
Hall, F. G.
Vyle, E. A.
Chinery, A. R. O.
Hinton, J.
Richings, J. C. H.
Stuart, I. M.
Woolf, A. J. N.

M.D. EXAMINATION

July, 1954

Brooke, C. O. S. Blyth

EXAMINATION FOR THE ACADEMIC POST-GRADUATE DIPLOMA IN PUBLIC HEALTH

June, 1954

Boatman, D. W.

ROYAL COLLEGE OF SURGEONS

PRIMARY F.R.C.S.

July, 1954

Kazantzis, G.

FINAL F.R.C.S.

June, 1954

Perera, G. N.
Patel, C. C.
O'Neill, J. P.
Singh, S. M.
McRobert, C. N.
Lake, M. E.
Robinson, D. N.
Salvaris, M. M.
Galvin, C.
Lorentz, T. G.

he is the Director of the Medical Research Council's Blood Group Reference Laboratory, Mourant has gone on to become an acknowledged exeprt in genetical statistics and finally in Anthropology. The geneticists have made him the Mentor of the Nuffield Blood Group Centre and the Anthropologists have elected him a member of the Council of the Royal Anthropological Institute. Thus there could have been no-one who was better qualified to write this book. Much of the work recorded is either his own or has been carried out on his instigation or with his advice and help.

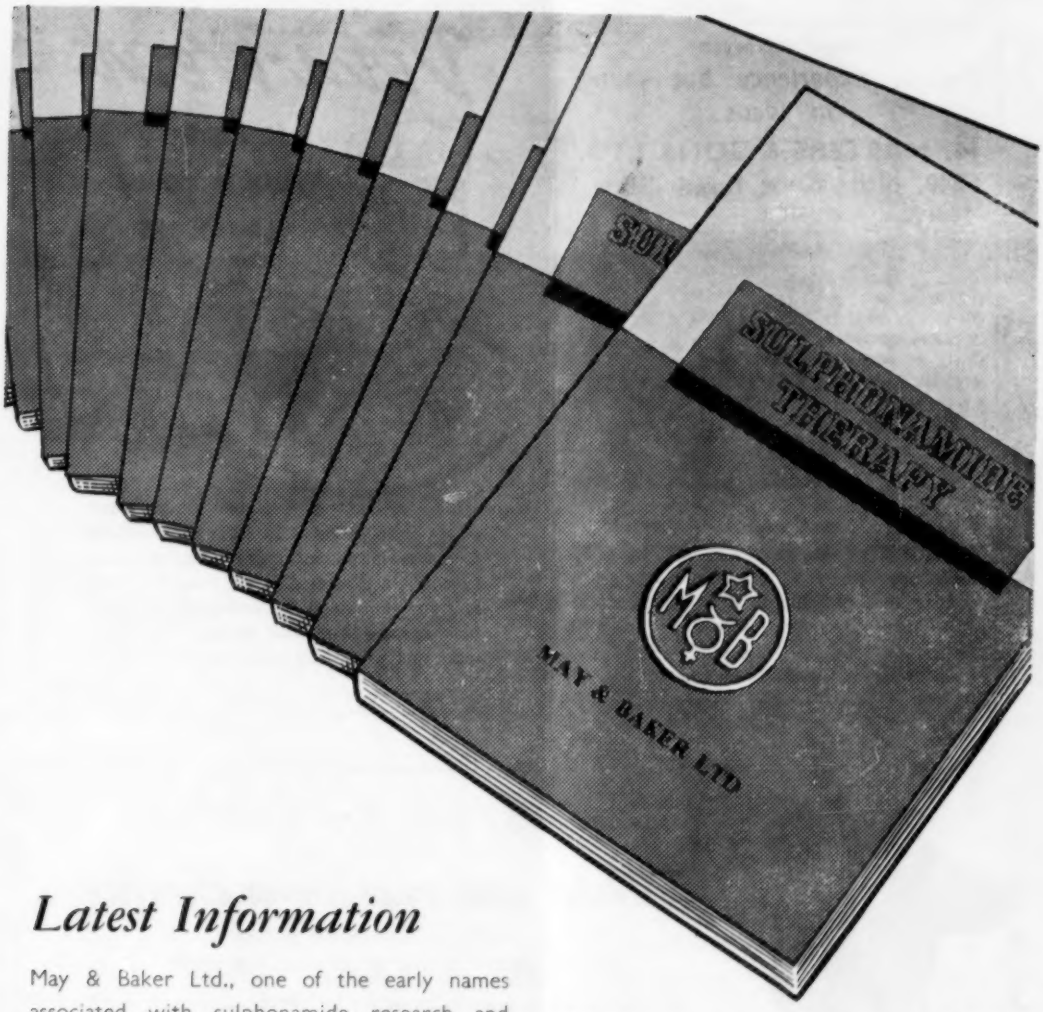
Shortly after the discovery of the ABO blood group system the observation was made in Salonika where soldiers from many countries were stationed that different nations and races showed a different frequency of these genes. Since then enormous strides have been made and Dr. Mourant discusses some dozen systems which—to varying extent—have helped in the classification of mankind. The B group is most frequent in India and in Central Africa, and the further people live from these foci the lower will be the B frequency. For the MNS system a great difference can be found between men living East of a line running from North to South somewhere near Japan. Those West of it show a higher frequency of N than of M, whereas elsewhere M is predominant. The various Rhesus gene combinations afford an even more subtle differentiation the most important is probably the finding of a high cDe frequency in all the peoples of Negroid Africa. The sickle cell trait and the ability of tasting phenylthiocarbamide are both inherited and are included as "honorary blood groups". Special chapters review the position in Northern and Central Europe, in the Mediterranean area, Africa, Asia, Indonesia and Australasia and in aboriginal America. There are chapters on blood groups in animals, on techniques of grouping in the laboratory and in the field, and on the calculation of blood group frequencies. Yet all this fills only the first half of the book. In the second half can be found an exhaustive bibliography of some 1700 references which alone makes this scholarly work an indispensable tool for all research workers in this and in allied fields. There follow maps of the world distribution of blood groups which allow a fascinating view of the relations of human races. The last quarter of the book is filled with Tables of blood group frequencies reported from all over the world including one of frequencies of the sickle cell trait. Thus this is a book which combines in a rare fashion interest for the outsider and for the expert.

H. Lehmann.

Aids to Male Genito-Urinary Nursing, Sayer, S.R.N., D. N., Baillière, Tindall & Cox, pp. 146, illus. Price 5s.

That a second edition of this book is so quickly called for speaks for itself and shows its need and popularity.

The book has been well revised and should prove helpful to nurses who have the care of male patients with conditions of the uro-genital tract.



Latest Information

May & Baker Ltd., one of the early names associated with sulphonamide research and manufacture, presents a new edition of the booklet "Sulphonamide Therapy". This booklet discusses such problems as the choice of sulphonamides or antibiotics in the treatment of specific conditions, the value of sulphonamide mixture therapy with the well established 'Sulphatriad' brand compound sulphonamides and many other subjects of interest to medical practitioners, present and future.

You will find that "Sulphonamide Therapy" is a useful and up-to-date addition to your library. Medical students are invited to send their request for a copy of this booklet to our Medical Information Division, giving the name of their Medical School.

MEDICAL PRODUCTS

MANUFACTURED BY: MAY & BAKER LTD

MA1012

distributors:

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD DAGENHAM

Tel. ILFord 3060

Ext. 99 or 109

Printed by The Exona Press, Ltd., 255/7 Liverpool Rd., N.1